

BOARD OF LICENSING FOR ALCOHOL AND OTHER DRUG USE PROFESSIONALS

LADC/MLADC APPLICATION PACKET DIRECTIONS

Pages 3, 4, 5 & 6: General Information: Fill in all spaces with complete and accurate information.

Pages 7 & 8: Assurances: Read the Professional Code of Conduct then read and sign the three assurances.

Page 9: Verification of Employment: Make as many copies of this page as needed. Send one to each employer that you are documenting on Page 9. Your employer or previous employer must complete the form and return it directly to the Board. **A copy of your written job description must be attached.**

Pages 10, 11 & 12: Supervision Agreement: To be filled out by candidate and supervisor and submitted to the Board when you begin the application process.

Page 13: Applicant Work Experience Report Form: List each employer, name and credentials of your supervisor, and the total number of hours worked for each worksite. Make additional copies as necessary.

Pages 14 & 15: Supervised Practical Training Report: Supervised practical training is clinical supervision in the 12 Core Functions that needs to be directly supervised. It may occur during clinical supervision, face-to-face supervision meetings, an internship, part of an academic program, chart review, observation of sessions by the supervisor, or whatever the supervisor had done to directly oversee those 12 areas as part of the supervised work experience.

Pages 16 & 17: Supervisor Work Experience Report Form: Give a copy of this form to your clinical supervisor from each worksite. If your clinical supervisor is no longer with the entity that provided the supervised work experience, the individual responsible for the work of your clinical supervisor may complete and sign the form based on the clinical supervisor's records. The completed form is sent directly to the Board.

Pages 18 & 19: Counselor Evaluation Form: Give the Counselor Evaluation Form to your clinical supervisor and request that he/she return the completed form directly to the Board.

Pages 20, 21 & 22: Professional Reference Form: Give a form to 3 individuals in the human services field who can attest to your professional skills and request that they return the form directly to the Board.

Pages 23 & 24: Education and Training Summary: Fill in all required information. (The Categories of Competence are included in the packet.) Attach a certificate of attendance for each training and add a description of the training if it has not been pre-approved by the Board. Give each certificate and item # and put your certificates in order. If using college courses, include a course description or syllabus. 1 college credit is equal to 15 hours.

Pages 25 – 30: Written Case Study: Follow all directions carefully. Please note that you must use a closed case.

Pages 31 & 32: Exam Registration: If you are applying for the LADC you must take the LADC exam. If you are applying for the MLADC you must take the MLADC exam and the exam for co-occurring disorders. (If you are licensed with the New Hampshire Board of Mental Health Practice you do not need to take the exam on co-occurring disorders.) Please note, the exams cannot be taken on the same day and will require separate registrations and payments.

Pages 33 – 35: Fingerprints and Criminal Background Check: You are required to submit a criminal background check and fingerprints. This form is submitted to the State Police when you have your fingerprints done. Do not send this form and payment to the Board.

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE
DIVISION OF HEALTH PROFESSIONS
BOARD OF LICENSING FOR ALCOHOL AND OTHER DRUG USE PROFESSIONALS

121 South Fruit Street
Concord, N.H. 03301-2412

Telephone 603-271-6761 · Fax 603-271-6702

SARAH T. BLODGETT
Acting Executive Director



Dear Applicant for Licensure,

Enclosed is the packet of application materials for licensure as a Licensed Alcohol and Drug Counselor (LADC) or Master LADC (MLADC). The Board will respond to you as promptly as possible upon receipt of all of the information needed to make a decision about your application. If it seems that the Board is not responding to you quickly enough in regards to your application, please remember that, by law, the Board can make no decision about your application until it has received from the Federal and State governments, a report of any criminal conviction.

Please do not practice alcohol or other substance use counseling until the Board has issued you a license. Unlicensed practice is prohibited by RSA 330-C:31.

Your application must include all of the items listed in this letter. After each listed item you will see a reference to the related administrative rule.

The following must be mailed or hand delivered (not faxed) to the Board office:

- The completed application form [Alc 312.02]
- A recent 2" x 2" headshot photo of yourself [Alc 312.04 (a)]
- Payment by check or money order made out to "Treasurer, State of NH" for combined application and license fees in the amount of \$110.00 for the LADC or \$300.00 for the MLADC [Alc 316.01]
- Criminal record check (see attached letter)
- As many of the following kinds of documents needed to cover all of the hours of alcohol and drug use education as required by Alc 306.03 (c) and 310.03 (a)
 - Official academic transcript(s) [Alc 312.04 (f)]
 - Certificate(s) signed by program director [Alc 312.04 (g) (2)]
 - Letter(s) signed by supervisor [Alc 312.04 (g) (3)]

- As many copies of the Supervised Practical training report from completed according to the directions as are needed to cover all of the hours of supervised practical training required by Alc 312.05
- An Applicant Work Experience Report form completed according to the directions, reporting all of the hours of supervised work experience required by Alc 312.06
- A Supervisor Work Experience Report form completed according to the directions, by each person who supervised some or all of your supervised work experience in accordance with Alc. 312.07
- Professional References
- Job description for all documented work hours
- Breakdown of hours at each facility
- A written case study as prescribes by Alc 308.03 (including the narrative, completed "client demographic information" form, and the completed "certifications" form)

The following items must be mailed (not faxed) by the issuer directly to the Board office

- Official transcript showing educational degree [Alc 312.04 (f)]
- Letter of verification from every jurisdiction which has ever authorized you to engage in the practice of counseling individuals with substance use disorders [Alc 312.04 (d)]

d. If you have ever been, or are now, authorized by another jurisdiction to counsel individuals with substance use disorders, by what jurisdiction?

2. Have you practiced fraud or deceit in procuring or attempting to obtain the license? Yes ____ No ____

3. Have you engaged in sexual relations with, solicited sexual relations with, or committed an act of sexual abuse against or sexual misconduct with, a current or past client? Yes ____ No ____

4. Have you failed to remain free from the use of any controlled substance or any alcoholic beverage to the extent that its use impaired your ability to engage in work with individuals with substance disorders? Yes ____ No ____

5. Have you engaged in false or misleading advertising? Yes ____ No ____

6. Do you have any disciplinary action pending in another state or territory of the United States? Yes ____ No ____

7. Do you have a current mental disability that impairs your professional ability or judgment? Yes ____ No ____

8. If you have answered "Yes" to any of the above questions, have you paid restitution or taken any remedial action? Please explain.

9. Identify academic degree and degree granting institution [Alc 312.02 (a) (17)]

10. List provider(s) of required drug and alcohol use education (attaching extra sheets if necessary) [Alc 312.02 (a) (18)]

11. List provider(s) of required supervised practical training/clinical supervision (attaching extra sheets if necessary) [Alc 312.02 (a) (19)]

12. List site(s) of required supervised work experience (attaching extra sheets if necessary) [Alc 312.02 (a) (20)]

PRIVACY NOTICE

The Board of Licensing for Alcohol and Other Drug Use Professionals is required by RSA 161-b:11 to obtain your SSN for the purpose of child support enforcement. Except for its use in child support enforcement, your social security number will not be used by the Board of Alcohol and Other Drug Use Professionals and will be held confidential.

SOCIAL SECURITY NO. _____

The information provided on this application form, and the materials I have personally submitted to support my application, is true, accurate and complete to the best of my knowledge and belief. I acknowledge that, pursuant to RSA 641:3, the knowing making of a false statement on this application from is punishable as a misdemeanor.

Applicant signature

Date

For Board Use Only

Date Received: _____ Check Number: _____ Amount: _____

ASSURANCES

Alcohol and Drug Counselor Code of Conduct

- (a) With regard to quality of care, the counselor shall make a commitment to provide the highest quality of care for the client.
- (b) With regard to non-discrimination, the counselor shall not discriminate against any client or other professional based on race, color, religion, age, sex, marital status, national origin, ancestry, sexual orientation, or mental or physical disability.
- (c) With regard to professional responsibility, the counselor shall:
 - (1) Exercise professional judgment;
 - (2) Maintain the best interest of the client; and
 - (3) Assist the client to help him or her toward the primary goal of recovery.
- (d) With regard to professional competence, the counselor shall:
 - (1) Provide competent professional service to the client;
 - (2) Participate in ongoing professional education to maintain state-of-the-art knowledge and skill;
 - (3) Be responsible for his or her conduct in all areas of professional life;
 - (4) Maintain physical, mental and emotional well being;
 - (5) Recognize personal and professional boundaries and limitations;
 - (6) Seek the advice and counsel of colleagues and supervisors whenever such consultation is in the best interest of the client; and
 - (7) Recognize the effect of impairment on professional performance and be willing to seek appropriate treatment when necessary.
- (e) With regard to professional standards, the counselor shall:
 - (1) Maintain the highest professional standards;
 - (2) Respect institutional policies and management functions within agencies and institutions, and provide initiative toward improving institutional policies and management functions;
 - (3) Not claim or imply professional knowledge, qualifications, certifications, or affiliations that he or she does not possess; and
 - (4) Not lend his or her name to, or participate in, any professional and/or business relationship, which may misrepresent or mislead the public in any way.
- (f) With regard to professional obligation to the public, the counselor shall not state or imply a higher degree of knowledge and/or insight into co-occurring or substance use disorders than would be available through similarly situated and/or trained professionals.
- (g) With regard to publications, the counselor shall preserve the integrity of the profession by acknowledging and documenting any materials and/or techniques used in creating his or her opinions; or in writing, editing, or publishing papers, pamphlets or books.
- (h) With regard to client welfare, the counselor shall:
 - (1) Place the best interest of the client before conflicting professional commitments or professional gain;
 - (2) Always strive to provide an appropriate setting for clinical work; and
 - (3) Provide a supportive environment for any client having special needs.
- (i) With regard to confidentiality, the counselor shall:
 - (1) Not reveal information relating to a client unless the client consents to such release of information in writing and after consultation with the counselor; and
 - (2) Strive to preserve client records and information regardless of the media used to store such information.
- (j) With regard to client and public safety, notwithstanding confidentiality regulations, the counselor may reveal confidential information to public authorities or other professionals to the extent that he or she reasonable believes necessary to prevent a client from serious harm whether self-inflicted or inflicted upon a third person, or where the client is in imminent danger, or in danger of injuring another person.
- (k) With regard to client relationships, the counselor shall:

- (1) Respect and maintain an objective, non-possessive, non-personal, professional relationship with the client at all times;
 - (2) Obtain the client's permission for recording a session, for involving any third party in a session, or for releasing any information pertaining to the client;
 - (3) Not enter into a business relationship with the client during the therapeutic relationship;
 - (4) Not enter into a business relationship with any other person if doing so would adversely affect the client;
 - (5) Not engage in any sexual activity with any current or former client;
 - (6) When it is in the best interests of a client, release or refer the client to other programs or individuals as dictated by professional standards and good clinical practice;
 - (7) Not enter into a counseling relationship with a client if the counselor's own responsibilities to or relationship with a third person would adversely affect the client; and
 - (8) Not enter into a personal and/or exploitive relationship with a former client following the termination of the therapeutic relationship.
 - (9) Not enter into a counseling relationship with anyone with whom you have had a previous intimate relationship.
- (l) With regard to professional integrity, the counselor shall:
- (1) Cooperate with and adhere to this New Hampshire alcohol and drug counselor code of conduct;
 - (2) Never knowingly make a false statement to the New Hampshire Board of Licensing for Alcohol and Other Drug Use Professionals;
 - (3) Promptly report violations of this professional code of conduct by other counselors to the New Hampshire Board of Licensing for Alcohol and Other Drug Use Professionals;
 - (4) Disclose to the New Hampshire Board of Licensing for Alcohol and Other Drug Use Professionals any material fact, which could adversely affect a counselor-client relationship. To include any disciplinary action taken by any other board or regulatory body.
- (m) With regard to remuneration, the counselor shall:
- (1) Establish reasonable financial arrangements based on fees customarily charged in his or her locality for similar services; and
 - (2) Not accept fees or gratuities for professional work from a client whose fees are being paid through an institution and/or agency and who is otherwise entitled to such services.
- (n) With regard to professional promotion, the counselor shall strive to maintain and promote the integrity and advancement of the alcohol and drug counselor profession.

ASSURANCE # 1: I HAVE READ AND I SUBSCRIBE TO THE PROFESSIONAL CODE OF CONDUCT OF THE NEW HAMPSHIRE BOARD OF LICENSING FOR ALCOHOL AND OTHER DRUG USE PROFESSIONALS.

_____ NAME	_____ SIGNATURE	_____ DATE
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ASSURANCE #2: I HEREBY CERTIFY THAT ALL OF THE ENCLOSED APPLICATION MATERIALS IS, TO THE BEST OF MY KNOWLEDGE, TRUE.

_____ NAME	_____ SIGNATURE	_____ DATE
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ASSURANCE #3: I AGREE TO SURRENDER MY LICENSE, IF NECESSARY, FOR VIOLATIONS OF THE PROFESSIONAL CODE OF CONDUCT.

_____ NAME	_____ SIGNATURE	_____ DATE
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VERIFICATION OF EMPLOYMENT

(Make copies as necessary)

Dear Employer:

The individual listed below is applying for a New Hampshire license as a Licensed Alcohol and Drug Counselor (LADC) or Master Licensed Alcohol and Drug Counselor (MLADC). The information requested is an essential part of the verification of the counseling experience of the applicant, and must be received by the Board of Alcohol and Other Drug Use Professionals before the application can be processed.

Your verification along with other references and date furnished by the applicant will be used in determining eligibility for licensing. Please remember that you are verifying that this individual does actual substance use disorder counseling and other related duties in the performance of his/her job. The process can only be as good as you and others make it by careful and truthful reporting.

APPLICANT NAME _____

STATEMENT

This verifies that the above named applicant has/had been employed at

Print Agency/Institution Name

in the position of _____
Print Applicant's Title

from _____ to _____.

In this position, the applicant worked full / part time (circle one), _____ days a week, _____ hours per day for a total of _____ hours (total hours at worksite).

I have attached a copy of the applicant's written job description. (Failure to provide a written job description will delay the processing of the application.)

Signature of Verifying Authority and Title

Date

Please return this form and attachment(s) to: The Board of Licensing for Alcohol and Other Drug Use Professionals, Philbrook Building, 121 South Fruit Street, Concord, NH 03301
DO NOT RETURN THIS FORM TO THE APPLICANT

New Hampshire Board of Licensing for Alcohol and Other Drug Use
Professionals

Supervision Agreement
(To be submitted immediately)

PART 1 – TO BE COMPLETED BY CANDIDATE

I am a candidate for: LADC _____ MLADC _____

Candidate Name: _____

Home Address: _____
Street

City State Zip

Email Address: _____

Telephone Number: _____

Name of Employer: _____

Employer's Address: _____
Street

City State Zip

Employer's Telephone Number: _____

Position at Place of Employment: _____

PART 2 – TO BE COMPLETED BY SUPERVISOR

Supervisor Name: _____

Business Name: _____

Business Address: _____

Street

City

State

Zip

Email Address: _____

Business Telephone: _____

Your Position: _____

Credentials and License Number(s): _____

Are you an employee of your supervisee's clinical site? _____

If you answered "no" to this question, please attach a written statement which addresses the following:

1. Your relationship to the candidate's employer/clinical site.
2. A statement acknowledging you will provide supervision at the candidate's place of employment/clinical site.
3. A copy of a written agreement with the candidate's employer that allows you to review records, files, etc. at the supervisee's place of employment/clinical site.
4. A statement that you have knowledge of the candidate's employer's policies.
5. How any disagreements between the contracted supervisor and the agency supervisor will be resolved.

CANDIDATE – PLEASE READ CAREFULLY, SIGN AND DATE

As the candidate, I agree to provide my supervisor with any and all pertinent information concerning all clients and their care in order to make informed, ethical and efficacious decisions for client care. I will inform my supervisor if I engage in any clinical activities outside of this agreement. My supervisor must authorize all of my clinical activity. I will resolve all ethical dilemmas and practice issues as directed by my supervisor to the best of my ability. This supervision agreement does not remove any legal or civil responsibilities that I have for my actions related to this role.

Candidate's Signature and Date

SUPERVISOR – PLEASE READ CAREFULLY, SIGN AND DATE

As the supervisor, I agree to provide the candidate with appropriate and efficacious training, guidance and direction to assure a valuable training experience to meet the requirements for licensure as a LADC or MLADC. I specifically acknowledge that I will assume professional and legal responsibility for the candidate and that I will review and have access to the candidate's clinical records. If I cease to supervise the candidate, if my license becomes invalid, restricted or sanctioned, or if I wish to terminate my legal and professional responsibility for the candidate's acts or omissions, it is my responsibility to so notify the Board and the candidate in writing, and that until I do, I remain responsible.

Supervisor's Signature and Date

APPLICANT WORK EXPERIENCE REPORT FORM

Name of Applicant: _____

Directions: If you are applying for licensure as a LADC, you need a minimum of 4000 hours of supervised work experience with a Bachelor's Degree or 6000 hours with an Associate's Degree as referenced in Alc 306.04 (a) [1] [2]. If you are applying for licensure as an MLADC, you need 3000 hours of post-master's supervised work experience unless you currently hold a license with the New Hampshire Board of Mental Health Practice. If that is the case, you only need 1500 hours of post-master's supervised work experience as referenced in Alc 310.01 (f) (g).

Please use this form to report your total work experience.

Name, address, and telephone number of worksite	Name(s) and credentials of supervisor(s)	Total hours worked at worksite

Total Hours _____

SUPERVISED PRACTICAL TRAINING REPORT

Directions:

Supervised Practical Training is on the job training specific to the 12 Core Functions. You need a minimum of 10 hours of training under each function and a minimum of 300 hours total as referenced in administrative rule Alc 306.03(d).

Use as many copies of the form as needed to show separately the name and location of each separate academic program or work site where you received supervised practical training in alcohol and drug use counseling with respect to one or more core function. For each location please use a separate sheet.

In each block please show the number of hours of supervised practical training per core function, the name and title of the supervisor, and the total hours of supervised practical training in alcohol and drug use counseling. Then please ask each supervisor (or, if the supervisor is unavailable, the supervisor's replacement) to add his or her signature and the date of signing.

SUPERVISED PRACTICAL TRAINING

NAME OF APPLICANT _____

WORK SITE _____

Core Function	Hours of Practical Training	Supervisor Name & Credentials	Supervisor Signature	Date Signed
Screening				
Intake				
Orientation				
Assessment				
Treatment Planning				
Counseling				
Case Management				
Crisis Intervention				
Client Education				
Referral				
Report & Record Keeping				
Consultation				

Total hours of Supervised Practical Training _____

SUPERVISED WORK EXPERIENCE REPORT FORM

Name of Applicant for Licensure

The supervised work experience required of a person applying for initial licensure must include clinical supervision by an individual licensed in New Hampshire or another state to practice substance use counseling. **The supervisor is required to monitor the applicant's performance and to record the results of the monitoring in a way that allows the results to be reported later.**

Each individual supervising some or all of the applicant's required supervised work experience should complete a separate copy of this form. If the supervisor is no longer with the entity that provided the applicant with the supervised work experience, the individual responsible for the work of the clinical supervisor may complete and sign the form on the basis of the supervisor's records. Please see Alc 306.04 for an explanation of this form.

Please mail the completed form **directly** to the Board at the following address:

Board of Licensing for Alcohol and Other Drug Use Professionals
Philbrook Building
121 South Fruit Street
Concord, NH 03301

Please type or print:

Name of agency, program, or entity providing some or all of the applicant's
required supervised work experience

Town

State

Zip Code

Telephone number

Name and title of supervisor completing this form

Did you personally supervise and document the applicant's work experience?
Yes ____ No ____

State(s) in which the supervisor was, at the time of the supervision, authorized to practice
substance use counseling, and the license number(s) or other authorization

Please give an opinion, based on the applicant's work, of the applicant's competence in each of the core functions by checking one box for each core function listed.

Core Function	Acceptable	Not Acceptable	No Opportunity For Supervision
Screening			
Intake			
Orientation			
Assessment			
Treatment Planning			
Counseling			
Case Management			
Crisis Intervention			
Client Education			
Referral			
Reporting/Record Keeping			
Consultation			

I certify that I, or a supervisor responsible to me, observed and supervised the work of the individual named at the head of this form, and further certify that the information I have provided on this form is true to the best of my knowledge and belief.

Signature and Date

COUNSELOR EVALUATION FORM – CONFIDENTIAL

Applicant Name: _____

Dear Supervisor:

The individual listed below is applying for licensure as a New Hampshire Alcohol and Drug Counselor. The information requested is an essential part of the evaluation of the competence of the applicant, and must be received by the Board of Licensing for Alcohol and Other Drug Use Professionals before the application can be processed. The Board believes that your observation will have developed a more complete and accurate impression of the competencies of the applicant than is available from other sources. Your evaluation plus that received from other references and the data furnished by the applicant will be used in determining eligibility for licensing. The process can only be as good as you make it by careful and truthful reporting.

Clinical Supervisor's Name: _____

Title: _____ Agency: _____

Address: _____ Phone Number: _____

Certificates/Licenses: _____

How long have you been at this agency? _____

How long have you been the clinical supervisor for the applicant? _____

ON THE BASIS OF YOUR KNOWLEDGE OF THE ABOVE NAMED COUNSELOR, PLEASE RATE HIS/HER COMPETENCY IN EACH AREA LISTED BELOW BY CIRCLING THE APPROPRIATE NUMBER.

COMPETENCY	Not Acceptable	Fair	Excellent	Don't Know	Not Applicable
1. <u>Data Collection</u>	1	2	3	4	5
2. <u>Diagnosis of Alcohol/ Drug Dependence</u>	1	2	3	4	5
3. <u>Initiation of Treatment</u>	1	2	3	4	5
4. <u>Crisis Response</u>	1	2	3	4	5
5. <u>Knowledge of Human Growth & Development</u>	1	2	3	4	5
6. <u>Counseling</u>	1	2	3	4	5
7. <u>Client/ Counselor Therapeutic Relationship</u>	1	2	3	4	5
8. <u>Evaluation</u>	1	2	3	4	5
9. <u>Termination and Follow-Up</u>	1	2	3	4	5
10. <u>Record-Keeping</u>	1	2	3	4	5
11. <u>Verbal Communication</u>	1	2	3	4	5
12. <u>Knowledge of Regulatory Issues</u>	1	2	3	4	5
13. <u>Community Utilization</u>	1	2	3	4	5

14. Knowledge of Alcohol and Drugs	1	2	3	4	5
15. Knowledge of Sociological Factors	1	2	3	4	5
16. Knowledge of Physiological Factors	1	2	3	4	5
17. Knowledge of Psychiatric Factors	1	2	3	4	5
18. Knowledge of Treatment Issues	1	2	3	4	5

EVALUATOR'S STATEMENT

I HEREBY CERTIFY THAT I HAVE BEEN IN A POSITION TO OBSERVE AND HAVE FIRST HAND

KNOWLEDGE OF _____ WORK AT _____
Name of Applicant Name of Agency

DESCRIBE THE PROCEDURES YOU HAVE USED TO SUPERVISE AND EVALUATE THE APPLICANT

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page.

I HEREBY CERTIFY THAT ALL OF THE ABOVE INFORMATION IS, TO THE BEST OF MY KNOWLEDGE, TRUE.

Clinical Supervisor Signature Title Date

The Board of Licensing for Alcohol and Other Drug Use Professionals reserves the right to request further information from you regarding this applicant.

Return this form directly to the Board of Licensing for Alcohol and Other Drug Use Professionals at 121 South Fruit Street, Philbrook Building, Concord, NH 03301. **DO NOT RETURN THIS FORM TO THE APPLICANT.**

PROFESSIONAL REFERENCE FORM

Dear _____, I am applying to the New Hampshire Board of Licensing for Alcohol and Other Drug Use Professionals for licensure as an Alcohol and Drug Counselor. References must be included as part of the application. Would you please complete the reference form below and forward it to the Board as soon as possible? Your prompt attention to this would be appreciated, as my application will not be processed until the Board receives this recommendation from you.

Reference for: _____

Name of person providing reference: _____

Telephone number of person providing reference: _____

Address of person providing reference: _____

My relationship with the above named applicant is/was: _____

I have known the above name applicant for _____ years.

On the basis of your knowledge of the above named counselor, please rate his/her skill in each area using the Likert Scale listed below:

Rating of 1 is equivalent to Poor

Rating of 2 is equivalent to Fair

Rating of 3 is equivalent to Acceptable

Rating of 4 is equivalent to Good

Rating of 5 is equivalent to Excellent

ATTRIBUTE	Poor	Fair	Acceptable	Good	Excellent
1. Common Sense	1	2	3	4	5
2. Poise	1	2	3	4	5
3. Enthusiasm	1	2	3	4	5
4. Reliability	1	2	3	4	5
5. Personal and Professional Honesty	1	2	3	4	5
6. Empathy	1	2	3	4	5
7. Ability to Work With Others	1	2	3	4	5
8. Ethics	1	2	3	4	5
9. Knowledge of Alcohol Abuse Field	1	2	3	4	5
10. Knowledge of Drug Field	1	2	3	4	5
11. Effectiveness of Counseling Techniques	1	2	3	4	5
12. Appropriateness of Counseling Approach	1	2	3	4	5
13. Communication Skills	1	2	3	4	5

I HEREBY CERTIFY THAT ALL OF THE ABOVE INFORMATION IS, TO THE BEST OF MY KNOWLEDGE, TRUE.

Signature Title Date

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- Rating of 3 is equivalent to Acceptable
- Rating of 4 is equivalent to Good
- Rating of 5 is equivalent to Excellent

ATTRIBUTE	Poor	Fair	Acceptable	Good	Excellent
1. Common Sense	1	2	3	4	5
2. Poise	1	2	3	4	5
3. Enthusiasm	1	2	3	4	5
4. Reliability	1	2	3	4	5
5. Personal and Professional Honesty	1	2	3	4	5
6. Empathy	1	2	3	4	5
7. Ability to Work With Others	1	2	3	4	5
8. Ethics	1	2	3	4	5
9. Knowledge of Alcohol Abuse Field	1	2	3	4	5
10. Knowledge of Drug Field	1	2	3	4	5
11. Effectiveness of Counseling Techniques	1	2	3	4	5
12. Appropriateness of Counseling Approach	1	2	3	4	5
13. Communication Skills	1	2	3	4	5

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Reference for: _____
 Name of person providing reference: _____
 Telephone number of person providing reference: _____
 Address of person providing reference: _____

My relationship with the above named applicant is/was: _____
 I have known the above name applicant for _____ years.

On the basis of your knowledge of the above named counselor, please rate his/her skill in each area using the Likert Scale listed below:

Rating of 1 is equivalent to Poor
 Rating of 2 is equivalent to Fair
 Rating of 3 is equivalent to Acceptable
 Rating of 4 is equivalent to Good
 Rating of 5 is equivalent to Excellent

ATTRIBUTE	Poor	Fair	Acceptable	Good	Excellent
1. Common Sense	1	2	3	4	5
2. Poise	1	2	3	4	5
3. Enthusiasm	1	2	3	4	5
4. Reliability	1	2	3	4	5
5. Personal and Professional Honesty	1	2	3	4	5
6. Empathy	1	2	3	4	5
7. Ability to Work With Others	1	2	3	4	5
8. Ethics	1	2	3	4	5
9. Knowledge of Alcohol Abuse Field	1	2	3	4	5
10. Knowledge of Drug Field	1	2	3	4	5
11. Effectiveness of Counseling Techniques	1	2	3	4	5
12. Appropriateness of Counseling Approach	1	2	3	4	5
13. Communication Skills	1	2	3	4	5

I HEREBY CERTIFY THAT ALL OF THE ABOVE INFORMATION IS, TO THE BEST OF MY KNOWLEDGE, TRUE.

 Signature Title Date

The Board of Licensing for Alcohol and Other Drug Use Professionals reserves the right to request further information from you regarding this applicant.

DO NOT RETURN THIS FORM TO THE APPLICANT

Please return this form directly to the NH Board of Licensing for Alcohol and Other Drug Use Professionals, 121 South Fruit Street, Philbrook Building, Concord, NH 03301

CATEGORIES OF COMPETENCE

Category 1 - Data Collection

Collection of necessary information regarding client's history and present lifestyle to assess their relationship to the addiction/abuse process. This includes:

- knowledge of the elements to be included in a complete client history,
- asking appropriate questions which will generate information, and
- analyzing data presented relative to accuracy and relevancy.

Category 2 - Diagnosis of Alcohol/Drug Dependence

The ability to formulate a diagnosis. This includes:

- knowledge of diagnostic indicators of alcohol/drug dependence,
- differentiating between substance abuse dependency and/or alcohol/drug dependency as a primary diagnosis and other social/psychological categories,
- determining appropriateness of admission or referral,
- observing and recording behavior not indicated in primary diagnosis,
- formulating client's personal and diagnostic data into meaningful information in order to ensure proper treatment, and
- integrating the diagnosis of alcohol/drug dependency with case history.

Category 3 - Initiating Treatment

The ability to initiate treatment. This includes:

- assessing the motivational level of the client,
- determining the type and frequency of treatment necessary,
- obtaining a treatment commitment from the client,
- setting realistic goals for treatment,
- prioritizing goals and objectives,
- obtaining mutual understanding between counselor and client of roles, responsibilities, and potential limitations of the treatment process, and
- formulating and assisting the client to utilize the treatment plan.

Category 4 - Crisis Response

The ability to recognize crisis situations and determine appropriate action. This includes:

- identifying a crisis,
- determining its severity,
- formulating appropriate crisis response procedures, and
- recognizing medical emergencies.

Category 5 - Human Growth and Development

The knowledge and understanding of the various dimensions of human growth and development. This includes:

- physical, social, emotional and intellectual development,
- deficient developmental patterns,
- relating life crisis situations to substance abuse potential,
- recognizing the positive and negative influences of the home and family environment on individual development, and
- utilizing this knowledge in a systematic and realistic counseling strategy.

Category 6 - Counseling

The knowledge and understanding of various counseling approaches; including their philosophy, methods, objectives, techniques, and applicability to the treatment of the substance abusers. This includes:

- knowledge of counseling approaches and their underlying theories,
- formulating one's own style of counseling based on these approaches,
- implementing one's approach,
- knowledge of functional and dysfunctional dynamics within the counseling situation,
- identifying these dynamics within counseling situations,
- applying specific counseling approaches in substance abuse counseling, and
- coordinating and synthesizing counseling approaches in order to update and individualize treatment plan.

Category 7 - Therapeutic Relationship

The ability to structure and conduct a therapeutic experience which facilitates the client's personal and social growth. This includes:

- interacting in a manner consistent with the client's needs,
- knowledge of how the physical environment relates to the counseling process,
- establishing and maintaining rapport,
- assisting the client in gaining insight into unrecognized problems,
- the ability to empathize,
- facilitating the clients use of problem solving techniques,
- interpreting non-verbal behavior, and
- accurately communicating information regarding the use of mood altering substances.

Category 8 - Evaluation

The ability to evaluate the effectiveness of counseling and client progress. This includes:

- receiving and responding to supervisory feedback,
- measuring client progress in behavioral terms,
- identifying factors responsible for treatment outcome, and
- modifying one's own behavior as agreed upon in supervision.

Category 9 - Termination and Follow-up

The ability to facilitate the appropriate termination of the client-counselor relationship. This includes:

- determining when termination is appropriate,
- formulating a discharge plan with the client, and
- assisting the client in implementing the discharge plan.

Category 10 - Recordkeeping

The ability to accurately, concisely, and completely record information regarding the client and his/her treatment. This includes:

- taking notes accurately and compiling information,
- documenting client's progress or lack of the same,
- writing a treatment plan,
- communicating case information in written form, and
- writing a discharge summary.

Category 11 - Verbal Communication

The ability to verbally communicate client behavior to inter and intra agency support staff. This includes:

- communicating a sense of knowledge, confidence, and leadership,
- summarizing the treatment process, and
- communicating a clear description of client behavior and its relevance to client issues.

Category 12 - Regulatory Issues

The knowledge and understanding of the relevance of state and federal regulations, ethical practices, and client rights. This includes knowledge of:

- relevant NH State laws pertaining to substance abuse, intervention, treatment and counseling,
- relevant federal laws, and
- regulations governing client confidentiality and client's rights.

Category 13 - Community Utilization

The ability to identify, mobilize, and coordinate those existing resources in such a manner as to benefit the client. This includes knowledge of:

- cultural and environmental influences affecting client behavior;
- ancillary services offered in the community,
- limitations of own and other treatment facilities,
- applicable professional literature in the field of substance abuse from state, federal and private resources,
- basic methodology of Alcoholics Anonymous, Alanon and Alateen,
- basic methodology of other alcohol and drug treatment programs,
- intervention systems relating to early identification and treatment of substance abuse,
- the ability to refer to other community resources when appropriate,
- incorporating other treatment resources; consultation, supervision, education, etc.
- contacting and incorporating the family in the treatment process when appropriate,
- coordinating the above factors in order to assure systematic treatment, and
- demonstrating the use of professional literature in the field of substance abuse.

Category 14 - Alcohol and Drugs

The knowledge and understanding of alcohol and other drugs including their effects on the human body. This includes knowledge of:

- major classifications of mood altering substances,
- most common drugs within each classification,
- effects of most common drugs on the human body,
- quantitative levels of alcohol and their effects,
- drug interaction, synergism, and potentiation, and
- resources to identify unknown drugs.

Category 15 - Sociological Factors

The knowledge of the sociological factors associated with alcohol and drug abuse. This includes knowledge of:

- various cultural influences (past and present),
- effects of client's addictive lifestyle on the family, peer group, employment situation, etc.

- alcohol/drug subculture's effect involved in supporting the client in the addictive lifestyle,
- relationship of substance abuse to other sociological variables; abuse and neglect, other types of victimization, divorce, crime, etc. and
- sociological factors relating to substance abuse particular to special populations: race, age, sex, occupation, geographic location.

Category 16 - Physiological/Medical Factors

The knowledge of the physiological/medical factors associated with substance abuse. This includes knowledge of:

- long and short term physical effects of substance abuse,
- long and short term effects of withdrawal,
- tolerance, addiction tolerance, and cross tolerance,
- neurological effects and body processes involved in recovery,
- nutritional effects and body processes involved in recovery,
- effect of use and abuse of drugs on prenatal development,
- genetic research relating to substance abuse,
- physiological/medical factors relating to substance abuse particular to special populations - race, age, sex, occupation, and geographic location, and
- the ability to recognize a medical emergency relating to substance abuse.

Category 17 - Psychological/Psychiatric Factors

The knowledge of the psychological/psychiatric factors associated with substance abuse. This includes knowledge of:

- short and long term psychological effects of substance abuse,
- psychological factors relating to substance abuse particular to special populations - race, age, sex, occupation and geographic location,
- recognizing the mentally ill substance abusers,
- psychological defense mechanism, and
- psychological effects of withdrawal.

Category 18 - Treatment

The knowledge of treatment issues and processes associated with alcoholism and drug addiction. This includes the knowledge of:

- various treatment components of the continuum of care - outpatient services, individual/group/family counseling, inpatient rehabilitation, halfway/quarterway houses, medical detox, social setting detox, crisis intervention, and aftercare and follow-up,
- progression of addiction,
- progression of recovery,
- appropriate and inappropriate use of psychoactive drugs, and
- the ability to recognize and verbalize sexual issues as part of treatment.

DIRECTIONS FOR PREPARING THE WRITTEN CASE STUDY

PLEASE TYPE THE CASE STUDY AND FOLLOW THESE DIRECTIONS

1. Use, as the subject of your written case study, an actual and typical client from your closed case files. Use one who has completed alcohol or substance use/dependency treatment or is no longer obtaining your services. Use a fictitious name for the client, and use care to protect the identity of the client. Do not use the client's initials or abbreviations of the client's real name.
2. Complete the form for demographic information and treatment circumstances.
3. Provide the information for items A through K, following alphabetical order. Use one of the lettered headings and a numbered subheading as the title for each section and write the narrative for that section. **Please be sure to address each item even if it is not pertinent to your case.** You may use as many sheets of paper as you need, numbering them consecutively.
4. Sign and date the Applicant's Statement.
5. Give the completed written case study to the person who was your supervisor at the time you served the client, and ask the supervisor to date and sign the Supervisor's Statement after he or she has completed review of the case study.
6. Mail the case study, demographic information and treatment circumstances page, and the original certifications page to the Board of Licensing for Alcohol and Other Drug Use Professionals, 121 South Fruit Street, Philbrook Building, Concord, NH 03301. Keep a copy of the materials for your files.

DEMOGRAPHIC INFORMATION AND TREATMENT CIRCUMSTANCES

Name of Applicant: _____

DEMOGRAPHIC INFORMATION ON ACTUAL AND TYPICAL CLIENT

Client's fictitious name: _____

Age when he/she became applicant's client: _____

Race:

American Indian or Alaska Native _____

Asian _____

Black or African American _____

Hispanic or Latino _____

Native Hawaiian or other Pacific Islander _____

White _____

Other _____

Gender: _____ Relationship Status: _____

Occupation: _____

TREATMENT CIRCUMSTANCES

Reason client was referred or reason for treatment: _____

Referral source, if any: _____

Date applicant's services began: _____

Date services ended: _____

Treatment Setting:

Residential _____

Outpatient _____

Intensive Outpatient _____

Detoxification Maintenance _____

Opioid Replacement Therapy (ORT) _____

Other (specify) _____

WRITTEN CASE STUDY CERTIFICATIONS

Name of Applicant: _____

APPLICANT'S STATEMENT

I certify that I wrote this case study and the client described in it was an actual and typical client of mine.

Signature: _____ Date: _____

SUPERVISORS STATEMENT

I certify that I have reviewed this case study and that the client described represents an actual client of the applicant at the time I supervised the applicant. It is my opinion that the case study fairly describes the applicant's services to the person described in the case study.

Name of Supervisor: _____

Signature: _____ Date: _____

Title: _____

Current Employer: _____

Employer at the time the person described in the case study was a client of the applicant: _____

OUTLINE FOR WRITTEN CASE STUDY

Please organize the information about the client under the headings shown.

A. SUBSTANCE USE HISTORY

1. Substances used
2. Frequency of substance use
3. Progression of substance use
4. Severity of substance use or the amount of each substance used
5. Approximate date or age when substance use began
6. Primary substance used
7. Route of substance administration
8. Effects on the client of substance use, whether blackouts, tremors, tolerance, seizures, medical complications (may be included in physical history) or other (specify)

B. PSYCHOLOGICAL FUNCTIONING

1. Corroborating past mental status and mental status at time of treatment whether oriented, hallucinating, having delusions, suicidal, homicidal, or other (specify)
2. Quality of client's judgment
3. Quality of client's insight into his or her problems

C. EDUCATIONAL, VOCATIONAL AND FINANCIAL HISTORY

1. Education level and history
2. Work history
3. Any disciplinary action taken at school
4. Any disciplinary action taken at work
5. Reason for client's termination of education, if terminated
6. Reason for client's termination of work, if terminated
7. Client's financial status, as indicated by: Living arrangements, manner in which client supports self, and other indicators
8. Financial status of the client's family of origin, as indicated by similar indicators

D. LEGAL HISTORY (Even if not associated with substance use)

1. Past criminal charges and those pending at time of treatment
2. Arrests
3. Findings of juvenile delinquency
4. Criminal convictions

E. SOCIAL HISTORY

1. Influence of parents on client
2. Number, gender and rank order of client's siblings
3. Influence of siblings on client
4. Influence of children on client
5. Influence of significant other on client
6. Psychological health of the client's family with respect to any mental health, psychiatric and emotional problems
7. Description of any substance use by members of the client's family
8. History of the client's level(s) of mental health and actual behavior, both adaptive and maladaptive, in social settings
9. History of relationships, including the number, type and relative level of normality within family, intimate, and other social relationships

F. PHYSICAL HISTORY

1. Past major medical problems and those at time of treatment whether or not related to substance use
2. Past disabilities and those at time of treatment whether or not related to substance use
3. Past pregnancies and those at time of treatment

G. TREATMENT HISTORY

1. Summary of client's history of treatment, if any, for psychological conditions and substance use disorders
2. Client's participation in self-help group(s)

H. ASSESSMENT

1. Identification of and evaluation of client's personal strengths and weaknesses
2. Formulate diagnosis using the most current version of the Diagnostic & Statistical Manual of Psychiatric Disorders (DSM)

I. TREATMENT PLAN

1. Identification and ranking of the problems requiring resolution
2. Immediate goals and long-term goals agreed to by the client
3. Course of treatment including:
 - a. Frequency
 - b. Duration
 - c. Objectives

- d. Counseling theory or theories utilized
- e. Interventions utilized
- f. Treatment setting, whether inpatient, intensive, outpatient, group therapy, detoxification, or other (specify)
- g. Any adjunct support such as self-help, community resources, family members and significant others

J. COURSE OF TREATMENT

- 1. Counseling approaches applicant used with client
- 2. Applicant's rationale for their use
- 3. Any revisions in counseling approaches made in response to the client's specific problems and responses to treatment

K. DISCHARGE SUMMARY

- 1. Concise description of the client's overall response to treatment including substance use at the time treatment ended
- 2. Continuing care plan

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE
DIVISION OF HEALTH PROFESSIONS
BOARD OF LICENSING FOR ALCOHOL AND OTHER DRUG USE PROFESSIONALS
121 South Fruit Street
Concord, N.H. 03301-2412
Telephone 603-271-6761 · Fax 603-271-6702

SARAH T. BLODGETT
Executive Director



Dear Applicant:

Enclosed is a Registration Form for the International Certification Examination for Alcohol & Other Drug Abuse Counselors.

To register for the exam, please return the enclosed Registration Form and check or money order for \$115.00, made payable to **"Treasurer, State of New Hampshire"** to this office.

All exams are done through Computer Based Testing. Once I receive your registration form, I will pre-register you with the testing company. You will receive an e-mail from IQT Testing on how to register for the exam. You will be able to choose your own date and location and will be able to print your admission letter once you have successfully registered. The admission document will give you all the information needed for the day of testing. Once you have been pre-registered, you will have one year to take the exam.

Information on study guides and practice exams can be found at www.internationalcredentialing.org/examprep. Please consult the appropriate candidate guide for the exam for which you are preparing:

CRSW – PR exam

LADC – ADC exam

MLADC – AADC exam

Licensed Clinical Supervisor – CS exam

Co-occurring Disorders – CCDP exam

IF YOU ARE CURRENTLY A LADC & DO NOT HAVE YOUR NEW HAMPSHIRE MENTAL HEALTH LICENSE, YOU MUST TAKE THE CO-OCCURRING EXAM TO BE ELIGIBLE FOR THE MLADC.

IF YOU ARE TAKING THE MLADC EXAM & YOU DO NOT HAVE A NEW HAMPSHIRE MENTAL HEALTH LICENSE, YOU ALSO NEED TO TAKE THE CO-OCCURRING EXAM

Should you have any questions, feel free to contact me at (603) 271-6761.

Sincerely,

Glenda Hanscom

Glenda Hanscom, Administrator
nhladc@nh.gov

PLEASE NOTE YOU CAN ONLY TAKE ONE EXAM AT A TIME.

STATE OF NEW HAMPSHIRE BOARD OF LICENSING FOR ALCOHOL & OTHER DRUG USE PROFESSIONALS

International Examination Registration Form

NAME: _____

ADDRESS: _____
STREET TOWN STATE ZIP

PHONE NUMBER: W- _____ H- _____ C- _____

E-MAIL: _____

PLEASE INDICATE WHICH EXAM YOU WISH TO TAKE:

PR _____ LADC _____ MLADC _____ CO-OCCURRING _____ LCS _____

FOR THE LADC EXAM PLEASE INDICATE:

ENGLISH VERSION _____ SPANISH VERSION _____ FRENCH VERSION _____

(PLEASE NOTE, YOU CANNOT TAKE THE LCS EXAM IF YOU HAVE NOT BEEN LICENSED AS A MLADC/LADC FOR 5 YEARS)

ADMISSION TICKET INFORMATION

PLEASE CIRCLE THE APPROPRIATE NUMBERS IN THE COLUMNS BELOW:

Educational Level:

- 0 No High School/GED
- 1 High School/GED
- 2 Vocational Certificate
- 3 Associate Degree
- 4 Bachelor Degree
- 5 Masters Degree
- 6 Doctorate

Race:

- 1 Caucasian
- 2 Black/Afro-American
- 3 American Indian or
Alaskan Native
- 4 Asian/Pacific Islander
- 5 Hispanic
- 6 Other

Gender:

- 1 Male
- 2 Female

REGISTRATION CODE _____ (BOARD USE ONLY)

Send this form along with \$115.00 registration fee (payable to "Treasurer, State of NH") to:

NH Board of Licensing for Alcohol and Other Drug Use Professionals
121 South Fruit Street
Philbrook Building
Concord, NH 03301
603-271-6761

Date received: _____ Check #: _____ Amount: _____

Registration Number: _____

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
STATE OF NEW HAMPSHIRE
DIVISION OF HEALTH PROFESSIONS
BOARD OF LICENSING FOR ALCOHOL AND OTHER DRUG USE PROFESSIONALS

121 South Fruit Street
Concord, N.H. 03301-2412

Telephone 603-271-6761 · Fax 603-271-6702

SARAH T. BLODGETT
Executive Director



ATTENTION APPLICANTS:

The Board of Licensing for Alcohol and Other Drug Use Professionals, in accordance with RSA 330-C:20, is requiring all applicants to submit a criminal record check. In order for this record to be complete, your fingerprints must be obtained and submitted to the New Hampshire State Police to check the FBI criminal history records. A copy of the form required by the State Police Central repository for Criminal Records is attached.

In order to streamline this process, the State Police is transitioning to a process of obtaining fingerprints through the use of LIVESCAN technology. LIVESCAN captures a "photograph" of fingerprints and this is no guesswork error here and it takes away the possibility of a fingerprint card being rejected and prints having to be redone, thus lengthening the time period involved in this process as is the possibility if submitting inked fingerprint cards.

Currently there are four locations where this technology is in place. The four locations are Twin Mountains, Keene, Dover Point and the Department of Safety in Concord. It is highly recommended that prior to appearing at one of these locations you call the central office of the State Police Criminal Records Unit and make an appointment at whichever location you so choose. The telephone number for making this appointment is 603-271-2538. Upon appearing at the location, you will need to provide photo identification, the appropriate fee associated with this procedure, \$39.75 for the LIVESCAN and \$49.75 for the inked version, and the completed form that you have received with this correspondence.

We thank you for your anticipated co-operation in this process.

Sincerely,

Glenda Hanscom

Glenda Hanscom
Administrator

The New Hampshire State Police Criminal Records Unit now offers livescan fingerprint capture for individuals requiring a record check through the FBI.

This digital capture of fingerprint impressions will nearly eliminate poor fingerprint rejection from the FBI. Please see below for locations, times of operation, and other pertinent information.

All fingerprinting is done by appointment. Please contact 603-223-3867 to schedule an appointment at one of the sites listed below.

Please arrive 10 minutes prior to your scheduled appointment. Should you arrive more than 10 minutes late, you will be required to reschedule your appointment for another date and time. The process takes approximately 15 – 20 minutes.

A 24-hour notice is required for all cancellations.

Location: NH State Police Headquarters – Dept. of Safety
33 Hazen Drive – Room 106A
Concord, NH 03301
Hours: 8:30 – 3:45

Location: NH State Police – Troop C
15 Ash Brook Court
Keene, NH 03431
Hours: 8:30 – 3:45

Location: NH State Police – Troop E
1864 Route 16
Tamworth, NH 03886
Hours: 8:30 – 3:45

Location: NH State Police – Troop F
549 Route 302
Twin Mountain, NH 03595
Hours: 8:30 – 3:45

Location: Dept. of Safety – DMV Substation
50 Boston Harbor Road
Dover, NH 03820
Hours: 8:30 – 3:45

Location: Dept. of Safety – DMV Substation
377 South Willow Street
Manchester, NH 03103
Hours: 8:30 – 3:45

REQUIRED DOCUMENTS:

- Photo identification (Valid drivers license, valid non-driver ID, passport)
- Completed Criminal History Authorization Form (Complete both Sections I & II – form must be notarized prior to arriving to your appointment)
- Payment by cash, check or money order (Credit cards are currently accepted **only** at the Headquarters location in Concord)



State of New Hampshire

Department of Safety
DIVISION OF STATE POLICE

Criminal Records Unit

33 Hazen Drive, Concord, NH 03305

NEW HAMPSHIRE BOARD OF LICENSING FOR ALCOHOL AND OTHER DRUG PROFESSIONALS

BACKGROUND CHECK REQUEST OF ALCOHOL AND OTHER DRUG USE COUNSELORS NH RSA 330-C

INSTRUCTIONS

NH RSA 106-B:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Individuals requesting their own record in person need only to complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized.

SECTION I (PLEASE PRINT CLEARLY)

Last Name _____ First Name _____ Maiden _____ MI _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Hair Color _____ Eye Color _____ ☐ Male ☐ Female

Driver's License Number _____ State _____

My signature below signifies I am the individual listed above and the information provided is true.

Signature _____ Date _____

Signed under penalty of unsworn falsification pursuant to RSA 641:13

SECTION II

I hereby authorize the release of my criminal record conviction(s), if any, to the following:

Board of Licensing for Alcohol and Other Drug Use Professionals

Address 121 South Fruit Street, Philbrick Bldg City Concord State NH Zip 03301

Your Signature _____ Date _____

Notary's Signature _____

Signature of person/entity to receive record Alenda Skarscom Date _____

RECORD CHALLENGE

Saf-C 5703.12 Procedure for Correcting a CHRI (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

FEES

☐ LIVESCAN - \$39.75 (\$49.75 if printed at a state police livescan site)

☐ INKED - \$49.75

NOTE: Make checks payable to: State of NH - Criminal Records

☐ Applicant fingerprint card must be submitted at the same time as payment and this form.